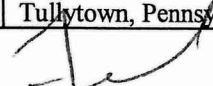


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <b>October 12, 2016</b>		Name of Building Owner/Operator (2) <b>Charter Contracting Company, LLC</b>	
Agencies Notified	Type of Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<b>500 Harrison Avenue, Suite 4R</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	<b>Boston, MA 02118</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<b>Tom</b>	<b>857-225-8679</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Abandoned Pier Control Room</b>			Type of Facility (4)		
Street Address <b>1101 South Front Street</b>			<input type="checkbox"/> School (k-12)		
			<input type="checkbox"/> Subchapter 8 (other than k-12)		
City <b>Camden</b>			Square feet		
			<b>500 sf</b>		
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)	# of Floors	Bldg. Age	
			<b>1</b>	<b>60</b>	
Current Use (Prior if being demolished) <b>Abandoned Pier Control Room</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>			Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>		
Street Address <b>1889 Rte. 9, Unit 61</b>			Street Address <b>1889 Route 9, Unit 61</b>		
City, State, Zip Code <b>Toms River, NJ 08755</b>			City, State, Zip Code <b>Toms River, New Jersey 08755-1271</b>		
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone Number <b>732-349-9932</b>	Telephone Number <b>732-349-9932</b>	License Number <b>00624</b>	
Scheduled Start Date (10) <b>10/24/16</b>		Scheduled Completion Date (11) <b>10/26/16</b>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe _____			Name of OSHA Monitor <b>E.M.S.L. Analytical</b>		
			Street Address <b>1056 Stelton Road</b>		
Scope of Work (Check all that apply)  <input checked="" type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			City, State, Zip Code <b>Piscataway, New Jersey 08854</b>		
			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES   NO   N/A			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Interior		X		Wire insulation	250 lf	X			
Interior		X		Gaskets	90 lf	X			
Interior		X		Pitch pocket material / transite box	1 sf / 50 sf	X			
Interior		X		Window glazing	72 lf	X			
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>		Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>				
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>10/27/16</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed by (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 			Date <b>10/12/2016</b>		

\*Do not use this form for asbestos licensure exempted activities.

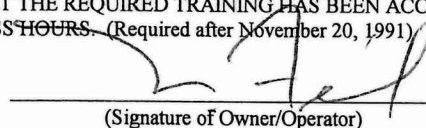
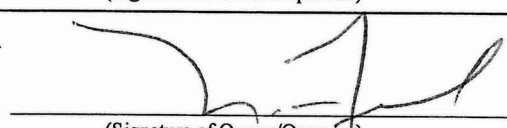
GUARDIAN CONTRACTING, INC.  
 1889 ROUTE 9  
 SUITE 61  
 TOMS RIVER, NEW JERSEY 08755

Date Received

## DEMOLITION / RENOVATION NOTIFICATION

Operator Project #:		Postmark:		Notification:	
I. TYPE OF NOTIFICATION (O - Original R - Revised C - Cancelled): O				II. IS ASBESTOS PRESENT? (Yes/No): Y	
III. FACILITY INFORMATION (identify owner, removal contractor and other operator)					
OWNER NAME: Charter Contracting Company, LLC					
Address: 500 Harrison Avenue, Suite 4R					
City: Boston		State: MA		Zip: 02118	
Contact: Tom				Tel: 857-225-8679	
REMOVAL CONTRACTOR: Guardian Contracting, Inc.				NJ License: 00624	
Address: 1889 Route 9, Unit 61					
City: Toms River		State: New Jersey		Zip: 08755	
Contact: Nicholas Fernicola				Tel: 732-349-9932	
OTHER OPERATOR (if different)				NJ License:	
Address:					
City:		State:		Zip:	
Contact:				Tel:	
IV. TYPE OF OPERATION (D - Demo O - Ordered Demo R - Renovation E - Emergency Renovation): D					
V. FACILITY DESCRIPTION (Including building name, number and floor or room number)					
Building Name: Abandoned Pier Control Room					
Address: 1101 South Front Street					
City: Camden		State: NJ		County: Camden	
Site Location: interior					
Building Size: 500 sf		# of Floors: 1		Age in Years: 60	
Present Use: Abandoned Pier Control Room			Prior Use: Abandoned Pier Control Room		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
IS MATERIAL ASSUMED TO BE ASBESTOS?					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		LOCATION	
1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed				Nonfriable Asbestos Material Not To Be Removed	
				Cat I Cat II	
Pipes (Linear feet): 250 lf, 90 lf, 72 lf		Wire insulation, gasket, window glazing		Interior	
Surface Area (Square feet): 1 sf, 50 sf		Pitch pocket, transite box		Interior	
RACM Off Facility Component (Cubic feet):					
VIII. SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/24/16 Complete: 10/26/16					

## NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED		
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:  Asbestos to be removed by non-friable procedures.		
xii.	WASTE TRANSPORTER #1    Name:    Guardian Contracting, Inc. Address:    1889 Route 9, Unit 61 City:    Toms River    State:    New Jersey    Zip:    08755 Contact Person:    Nicholas Fernicola WASTE TRANSPORTER #2    Name: Address: City:       State:       Zip: Contact Person:		
xiii.	WASTE DISPOSAL SITE    Name:    T.R.R.F. Location:    Bordentown Road City:    Tullytown    State:    Pennsylvania    Zip:    19007 Telephone: 215-943-9732    Permit #:    101494		
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER Name:    Title: Authority: Date of Order (MM/DD/YY):    Date Ordered to Begin (MM/DD/YY):		
xv.	FOR EMERGENCY RENOVATIONS Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event:  Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER		
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991)  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <u>Nicholas Fernicola / Project Manager</u>            (Printed Name/Title)         </div> <div style="width: 30%; text-align: center;">             (Signature of Owner/Operator)         </div> <div style="width: 25%; text-align: right;"> <u>October 12, 2016</u>            (Date)         </div> </div>		
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <u>Nicholas Fernicola / Project Manager</u>            (Printed Name/Title)         </div> <div style="width: 30%; text-align: center;">             (Signature of Owner/Operator)         </div> <div style="width: 25%; text-align: right;"> <u>October 12, 2016</u>            (Date)         </div> </div>		